Telehealth Services

Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning

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Agenda

Telehealth Legislation

Telehealth and the Public Health Emergency (PHE)

Telehealth Provisions

Telehealth Policy Limitations/Billing Guidance

The Future of Telehealth



Telehealth Legislation

An overview of recently enacted legislation related to Telehealth



Senate Enrolled Act 3 (2021): "Telehealth Matters"

"Telehealth Services"

Location Requirements

Prescribing Controlled Substances

"Practitioners" & "Prescriber" List

Audio-only Telehealth

- Replaces "Telemedicine"
- "Means the delivery of health care services using interactive electronic communications and information technology, in compliance with the federal Health Insurance Portability and Accountability Act (HIPAA)"
- "Office may not impose any location requirements concerning the originating or distant site in which a telehealth service is provided to a Medicaid recipient."
- No longer requires that the patient has been examined in person by a licensed Indiana health care before prescription via telehealth, so long as the telehealth communication is conducted using an audiovisual, real time, two-way interactive communication system.
- Adds "Practitioners" section to include more providers able to deliver services via telehealth (e.g. physical therapists, behavioral health professionals, etc.)
- Adds additional providers to "Prescriber" section able to utilize telehealth (e.g. veterinarians, dentists)
- Removes "Audio-only Communication." "Telephone Call" and "Telephone Consultation" as excluded under telehealth definition

House Bill 1468 (2021): "Various Health Matters"

Licensed Behavioral Analysts

• "A behavioral analyst licensed under IC 25-8.5" added to telehealth "practitioner" list

CMHC in-person requirements

 "For purposes of a community mental health center, telehealth services satisfy any face-toface meeting requirement between a clinician and consumer"



Senate Enrolled Act 284 (2022)

Telehealth Matters

Case Management

- Case management, care management, service coordination, or care coordination services are not included in the definition of a "health care service"
- Telehealth is the delivery of "health care services" using "interactive electronic communications"
- Therefore, case management/care coordination delivered virtually is not "telehealth" and does not need to be provided by a specified practitioner listed in IC 25-1-9.5-3.5.



Senate Enrolled Act 284 (2022), cont.

Telehealth Matters

Additional Practitioners

- Licensed Occupational Therapy Assistants
- Licensed School Psychologists
- Developmental Therapists
- Clinical Fellows in Speech Language Pathology
- A Student who is pursuing a program in a profession listed in IC 25-1-9.5-3.5 and working under a licensed professional
- Peer Specialists
- "Qualified Behavioral Health Professionals" and "Other Behavioral Health Professionals" working in a Community Mental Health Center
- Certified Physical Therapist Assistant
- Behavioral Analyst awaiting licensure under IC 25-8.5

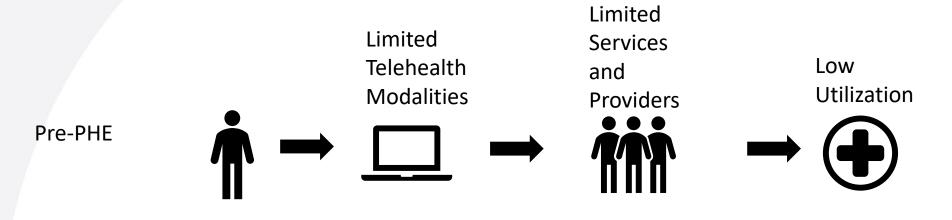


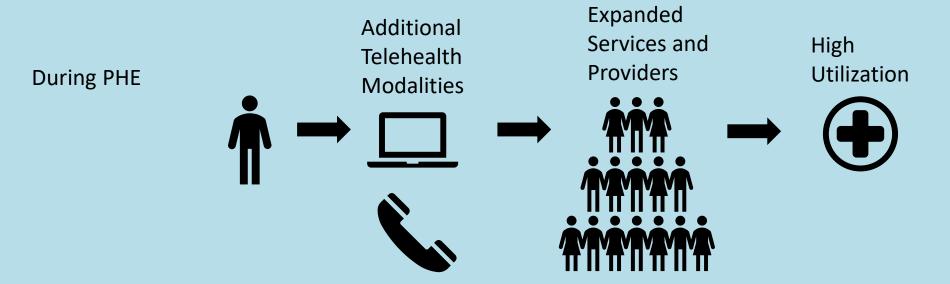
Telehealth and the PHE

How COVID-19 impacted the development of Telehealth services within the IHCP



Pre-PHE vs. During PHE





Effective Nov. 2, 2021, IHCP added coverage for COVID-19 vaccine counseling

Procedure Code 99401

Must be billed with modifier 25

- Reimbursable even when a member decides against vaccination after counseling
- Restricted to one unit per day, per unvaccinated member, per provider
- Reimbursable for the following provider types:
 - 31 Physician (all specialties)
 - 10 Physician Assistant (specialty 100)
 - 09 Advanced Practice Registered Nurse
 - All specialties except 094 Certified Registered Nurse Anesthetist (CRNA)
- Vaccine counseling rendered via telehealth must be billed with CPT code
 99401, with both the 25 and GT modifiers for professional claims.



Effective January 1, 2022, the IHCP adopted two place of services codes and definitions into its telehealth policies to align with those used by CMS.

POS 02

Telehealth Provided Other than in the Patient's Home

Patient is not located in their home when receiving health services or health related services through telecommunication technology.

POS 10

Telehealth Provided in the Patient's Home

Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.



In April, FSSA issued a clarification of virtual case management services in accordance with <u>SEA 284</u>.

SEA 284

Effective July 1, 2022

Consistent with the Indiana Health Coverage Programs (IHCP) telehealth policy, this legislation clarifies that for the purposes of telehealth "health care services" does not include case management services, care management services, service coordination services or care coordination services.

Case Management as defined in Indiana Code IC 12-7-2-25



In May, the IHCP announced billing and prior authorization (PA) requirements for specified remote patient monitoring (RPM) services.

Effective for DOS on or after Jul. 21, 2022

- Procedure codes 99091, 99453, 99454, 99457, and 99458 added as covered RPM services.
- PA is required for specified services. The prescriber's written order for RPM and a plan of care must be submitted with the PA request.



IHCP announced the final telehealth and virtual services code set to be used for the remainder of 2022.

Effective for DOS on or after Jul. 21, 2022

- Telehealth medical services follow the definition listed in Indiana Code <u>IC</u> 25-1-9.5-6.
- Nonhealthcare virtual services are services that do not require a licensed practitioner listed in IC 25-1-9.5-3.5 to perform the service virtually, as the services are not considered healthcare services under the definition listed in IC 25-1-9.5-2.5.
 - All services in this category can be provided via audio only.
- Telehealth dental services cannot be billed via audio-only telehealth.
 - D0140 and D1320 are the only two dental codes deliverable and billable as telehealth.
 - Modifiers 93 or 95 are not required.



In June, additional coverage was added by the IHCP in response to SEA 284.

Table 1 – Telehealth procedure codes effective for DOS on or after July

Code	Description	Audio-only (Can be billed with 93 modifier)
97155	Adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare professional, which may include simultaneous direction of a technician, face-to-face with one patient, every 15 minutes	No
97156	Family adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/ caregiver(s), every 15 minutes	No
H0038	Self-help/peer services, per 15 minutes	Yes
H2014*	Skills training and development, per 15 minutes	No

^{*}Only available through the Medicaid Rehabilitation Option benefit

Providers can render skills training and development via telehealth so long as the practitioner rendering the service is deemed eligible per <u>IC 25-1-9.5-3.5</u>.



Bulletins and **Banners**

BR202152

BT202196

BT202238

BT202238

BT202239



Telehealth Provisions

Indiana Code



Practitioner List

- <u>IC 25-1-9.5-3.5</u> Practitioner
 - Chiropractor
 - Dental Hygienist
 - Diabetes Educator
 - Dietitian
 - Genetic Counselor
 - Nurse
 - Occupational Therapist
 - Behavioral Health and Human Services Professional
 - Physician
 - Physician Assistant
 - Advanced Practice Registered Nurse
 - Optometrist
 - Podiatrist
 - Dentist



Telehealth Services Definition

- <u>IC 25-1-9.5-6</u> Telehealth
 - Secure videoconferencing
 - Store and forward technology
 - Remote patient monitoring technology
- Unless there is an established relationship, not including:
 - Electronic mail
 - Instant messaging conversation
 - Facsimile
 - Internet questionnaire
 - Internet consultation
- Not by:
 - An employee of a practitioner
 - An individual who is employed by the same entity that employs the practitioner



Standards of Practice

- <u>IC 25-1-9.5-7</u> Practitioners must:
 - Obtain identity and contact information of the patient
 - Disclose the practitioner's name, licensure, certification, or registration
 - Obtain informed consent, medical history, and other necessary information from the patient
 - Discuss with the patient
 - Diagnosis
 - Fvidence
 - Risks & benefits of various treatment options
 - Follow-up care instructions



Out-of-State Providers

- IC 25-1-9.5-9 Physically located outside Indiana
 - Practitioners physically located outside of Indiana must obtain a certification from the Indiana professional licensing agency
 - Certification must be renewed at time of practitioner license renewal
 - Practitioner's employers or contractor are only required to file the certification at the time of initial certification



New Services for Telehealth Coverage



Expanded
Behavioral Health
Services



Remote Patient Monitoring



Expanded
Physical/Occupational/
Speech Therapy
Options



Optometry Services



Audiological Services



Pediatric/Child Evaluations



Telehealth Policy Limitations/Billing Guidance

An overview of the limitations of policy and how to properly bill



Who can bill?

- To be able to bill Telehealth, you must:
 - Must be enrolled with the IHCP
 - Practitioner list
 - Must be a practitioner listed in IC 25-1-9.5-3.5
 - Prescriber list
 - To know if you can prescribe, refer to IC 25-1-9.5-4 for the list and IC 25-1-9.5-8 for the conditions of issuing a prescription

Refer to <u>BT202142</u> or <u>IC 25-1-9.5-3.5</u> to see other eligible Providers



HCPCS Code Q3014

- Q3014 (Telehealth Facility Fee)
 - Can be billed by any facility collecting facility fees
 - Effective July 21, 2022, FQHC and RHC providers must have appropriate procedure codes for services rendered
 - Bill with POS code of 02 or 10 (depending on originating site/location of patient), and modifier 93 or 95
 - When FQHCs and RHCs bill as originating site, they must include procedure code Q3014
 - Must be billed with POS code 02 and modifier 95

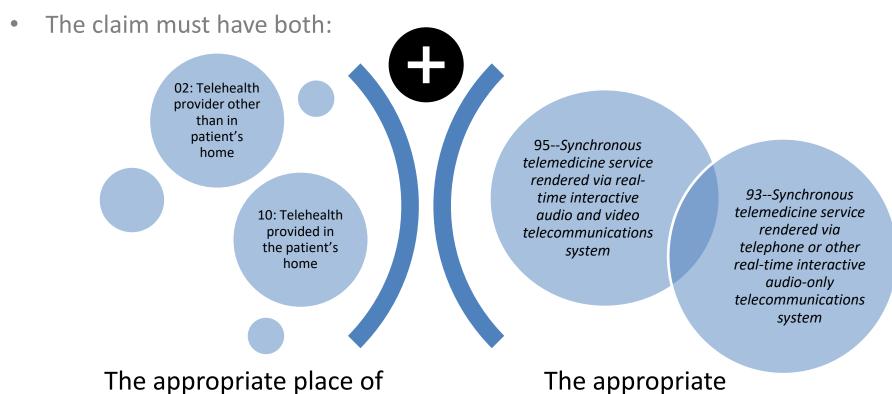
Refer to <u>BT202253</u> for more information



Billing Guidelines

- The provider must be enrolled with IHCP and be a practitioner listed in IC 25-1-9.5-3.5
- The procedure code must be listed in the 2022 Telehealth and Virtual Services Code Set

service code (POS Code)



telehealth modifier

The Future of Telehealth

A look at the upcoming changes or additions to Telehealth



Final 2022 Code Set

BT202239

- Final Code set for telehealth and virtual services
- Effective July 21, 2022
- Will be reevaluated for 2023
- Codes listed are separated into telehealth medical services, nonhealthcare virtual services, and dental services
- Other code additions were described in <u>BT202249</u>
- Audio-only feedback



Resources Available



Resources Available

- What resources are available to providers?
 - Regional Field Consultants
 - Provider Reference Materials
 - Provider Education



Resources Available

- OMPPProviderRelations@fssa.IN.gov
- For individual provider concerns requiring assistance from the State
 - Claim denials
 - Procedure explanations
 - Eligibility issues

- IHCPListens@fssa.IN.gov
- Feedback on IHCP presentations
- Ideas for future presentations or workshops
- Questions to be answered in future publications

- <u>Telehealth.OMPP@fssa.IN.gov</u>
- For questions regarding
 Telehealth
 - Billing
 - Policy
 - Reimbursement





Take a pic.
Take the survey.

Or follow the link below.

https://infssa.az1.qualtrics.com/jfe/form/ SV 0xirs6kAcftal4W



Questions?

